

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00 — 00 8

2. STATE:

WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S.C. Section 1396 (a)(25)(B)

7. FEDERAL BUDGET IMPACT:

a. FFY 00 \$ -0-

b. FFY 01 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.22B, Pages 1-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.22-B, Page 1

10. SUBJECT OF AMENDMENT:

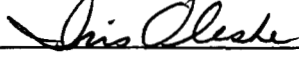
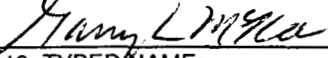
Third Party Liability

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

NO COMMENT

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Garry L. McKee, Ph.D., M.P.H.

Iris Oleske

14. TITLE:

Director

State Medicaid

15. DATE SUBMITTED:

9/14/00

16. RETURN TO:

Iris Oleske
State Medicaid Agent
Wyoming Department of Health
Office of Medicaid
154 Hathaway Bldg
Cheyenne WY 82002**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 21, 2000

18. DATE APPROVED:

11/21/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

9/1/2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

David R. Selleck

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: September 18, 2000

4. The agency shall consider the cost-effectiveness principle in determining what is the estimated net recovery amount to be pursued, based on the likelihood of collections. Net recovery amount is defined as that amount of recovered dollars to apply to Medicaid costs. In determining the estimated recovery amount, the following factors will be considered:
 - a. Settlement as may be affected by insurance coverage or other factors relating to the liable party;
 - b. Factual and legal issues of liability as may exist between the client and liable party;
 - c. Problems of proof faced in obtaining the award or settlement; and
 - d. The estimated attorney's fee and cost required for the agency to pursue the claim.
5. After considering the above factors, the agency may pursue a lesser recovery amount to the extent that the agency determines it to be cost-effective to do so.